

**THE HONG KONG COLLEGE OF PAEDIATRICIANS**  
**(Incorporated in Hong Kong with Limited Liabilities)**

Task Force for Higher Training of Paediatric Subspecialty

**Application for the Accreditation of the Subspecialty of Paediatric Respiratory Medicine.**

**1. Declaration :**

1.1 We, the undersigned, would like to apply for accreditation of the subspecialty of **Paediatric Respiratory Medicine (兒童呼吸科)**, this being a new and different from existing subspecialties.

1.2 We submit that the subspecialty is needed in Hong Kong.

Proposed manpower estimates :

- (i) **60** Fellows could be qualified as First Fellows.
- (ii) **31** subspecialists existed.
- (iii) **40** subspecialists projected as required locally in the next 10 years.

1.3 This subspecialty also exists in other countries such as **USA, Canada, and the Philippines.**

- (i) **1000** specialists exist in **USA**, (i.e. **1.14/100,000 children** (population); **Canada**, i.e. **0.9/100,000 children** (population); and **the Philippines**, i.e. **0.45/100,000 children.**

**2. Justification for establishment of subspecialty :**

We have also submitted a descriptive narrative, stating that our subspecialty satisfies all the Criteria laid down by the Academy of Medicine for the recognition of a Subspecialty (**Document 1**).

- (i) the subspecialty is needed in Hong Kong
- (ii) the subspecialty is new and different from existing subspecialties
- (iii) the knowledge, skills and practice required by that subspecialty are identifiably distinct and are deemed appropriate and compatible with the practice of paediatrics
- (iv) the subspecialty exists in other countries
- (v) the subspecialty is recognized at the institutional level; with the appointment of academic staff for that subspecialty at the Associate Professor level in a university in Hong Kong or the appointment of a Consultant for that subspecialty in one of the Hospital Authority Hospitals or the Department of Health
- (vi) the subspecialty has the administrative support of one or more constituent Colleges of the Academy.

Please also include justification for the subspecialty to be recognized and that the subspecialty has enough members, activities, a training programme ready for accreditation and unanimous agreement of the programme by all Fellows interested in the subspecialty.

**3. Proposed training programme :**

3.1 We propose the training programme would be **3** years with **at least 30** months of full clinical activities.

3.2 **ONE** proposed training programmes within the territory of HK would be adequate at any one time.

3.3 We provide local statistics for our subspecialty :

a. Estimated patient load in Hong Kong:

i. Inpatients - new cases/month:

- <5
- 6-10
- 10-15
- 16-20
- 21-25
- 26-30
- >30 (1071.1 cases per month)**

ii. Outpatient attendance- new cases/month

- <5
- 6-10
- 10-15
- 16-20
- 21-25
- 26-30
- >30 (796 cases per month)**

iii. Outpatient attendance- old cases/month

- < 20
- 21-40
- 41-60
- 61-80
- 81-100
- > 100 (1474.6 cases per month)**

iv. Estimated number of **new** cases in general population:

**25652.8** per 1 million **children per year**

b. Local facilities:

i. Designated inpatient bed numbers (N/A if not applicable):

<b>Total</b>	<b>134</b>
<b>Respiratory</b>	<b>8</b>
<b>PICU</b>	<b>45</b>
<b>HDU</b>	<b>8</b>
<b>NICU</b>	<b>100</b>
<b>Pulmonary rehabilitation</b>	<b>10</b>

ii. Designated outpatient attendance per month

<b>New cases</b>	<b>796</b>
<b>Old cases</b>	<b>1474.6</b>
<b>Outpatient clinic sessions</b>	<b>88</b>

iii. Details of facilities relevant to the subspecialty (eg diagnostic laboratories, electrophysiology laboratories, imaging facilities):  
(please specify number and type of facilities)

<b>Flexible bronchoscopy</b>	<b>7 hospitals, 4 in EDU, 3 in Paediatric department</b>
<b>Lung function assessment</b>	<b>9 hospitals, 2 in Paediatric department, 5 in EDU, 2 in lung function laboratory</b>
<b>Sleep laboratory</b>	<b>8 hospitals, 2 in Paediatric department, 6 shared facilities</b>
<b>Radiology</b>	<b>9 hospitals: USG, CT, MRI</b>

iv. Details of facilities might need to be given – subspecialty  
specific:  
(e.g. Neonatology: ventilator bed, paediatric surgery etc) (please  
specify)

<b>Paediatric lung function laboratory</b>	<b>2</b>
<b>Paediatric sleep laboratory</b>	<b>4</b>
<b>Paediatric flexible bronchoscopy and endoscopy suite</b>	<b>4</b>

c. Resources

- v. The development of this subspecialty requires extra resources  
 **Yes**      No

If yes the extra resources include:

1. Manpower  
 **Yes**      No
2. Equipment  
 **Yes**      No
3. Space for use by subspecialty
  - i) Bed space  
 **Yes**      No
  - ii) Laboratory space  
 **Yes**      No
  - iii) Rehabilitation space  
 **Yes**      No
  - iv) Others:  
 **Yes**      No

**Training of paediatric respiratory nurses**  
**Training of paediatric respiratory therapists**  
**Research space and facilities**

d. Manpower

i)	Number of subspecialists needed in Hong Kong	<b>40 in the next 10 years</b>
ii)	Number of peer-recognized subspecialists currently practicing in Hong Kong:	<b>29 in the public sector</b>
iii)	Number of Paediatricians currently practicing this subspecialty	<b>58</b>
iv)	Number of trainees that need to be trained to meet the current need	<b>40 in the next 10 years</b>
v)	Number of qualified trainers currently available	<b>29</b>
vi)	Number of trainees that can be accommodated with the existing provision of manpower and facilities	<b>16</b>
vii)	Number of trainees currently under training in this subspecialty	<b>7</b>

### 3.4 Career structure

Based on the analysis of the above information, we deduce the following:

- |  |                                |
|--|--------------------------------|
| 1. Number of fully-trained subspecialists in (e.g. neonatology) required for whole of Hong Kong  | <b>40 in the next 10 years</b> |
| 2. Number of subspecialists trainees required to be trained after their FHKAM (Paediatrics) Fellowship Exit Examination in order to maintain a steady state in the next 10 years (i.e. all fully-trained subspecialists can function full-time in that subspecialty and the “a” can be reached just right), taking into account of retirement and projection of needs in the next 10 years, etc. | <b>40</b>                      |
| 3. Number of fellows (FHKAM Paediatrics) required to be working with the subspecialists to reach a desirable level of service and training for the whole of Hong Kong.   | <b>20</b>                      |
| 4. Number of trainees (pre-fellows) required to be working in the subspecialty to reach a desirable level of service and training for the whole of Hong Kong.  | <b>20</b>                      |
| 5. Number of centres or clustered network required for this subspecialty in the whole of Hong Kong.  | <b>11centres</b>               |

Please refer to Document 1a concerning calculation of manpower.

3.5 We also submit additional information on the justification of establishment of our subspecialty, with reference to :

#### 3.5.1 Curriculum: Please see Document 2a and 2b

##### a) Duration of subspecialty training

- 2 years post-higher training in general paediatrics
- 3 years (incorporating 1 year of training in that particular subspecialty during the higher training in general paediatrics and 2 years of extra subspecialty training)**

b) Maximum duration (**6 months**) of recognition for specified qualification or training within the subspecialty training programme

	Yes	No
i) Ph. D	✓	<input type="checkbox"/>
ii) M. Phil.	✓	<input type="checkbox"/>
iii) M. Med. Sc.	✓	<input type="checkbox"/>
iv) Others	✓	<input type="checkbox"/>
v) <b>M.D.</b>	✓	<input type="checkbox"/>

) \_\_\_\_\_

c) Clinical experience

i) Minimum

- 24 months  
 **30 months**  
 36 months

ii) Maximum

- 24 months  
 30 months  
 **36 months**

iii) Minimum number of new out-patient consultation in that subspecialty during the whole period of subspecialty training

- 50-100  
 **100-150**  
 150-200  
 200-300  
 Others

Please specify \_\_\_\_\_

iv) Minimum number of old out-patient consultation in that subspecialty during the whole period of subspecialty training

- 300-400  
 **400-500**  
 500-600  
 600-700  
 700-800  
 Others

Please specify \_\_\_\_\_

v) Minimum number of subspecialty clinics per week

- 2**  
 3

vi) Necessity of log sheet or log book  
 **Yes**       No

vii) Availability of checklist for minimum number of special procedures for that subspecialty  
 **Yes\***       No

**\* (please submit a separate check list on all special procedures required for the subspecialty)**

**Please see Document 3.**

d) Research activities required  
 **Yes**       No

If yes,

(i) Clinical research programme  
 **Yes**       No

(ii) Basic research programme (eg. laboratory experience)  
 Yes       **No**

If yes, please specify minimum duration

6 months

12 months

Please also specify maximum duration allowed

**6 months**

12 months

e) Teaching required  
 **Yes**       No

If yes, please specify minimum percentage of time

**5%**

10%

15%

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Please also specify maximum percentage allowed

10%

15%

**20%**

Others

Please specify \_\_\_\_\_

i) Undergraduate  
 Yes       **No**

ii) Postgraduate  
 **Yes**       No

f) Administration within subspecialty (eg medical audit, involvement of service development, co-ordination & administration within subspecialty)

**Yes**     No

If yes, please specify minimum percentage of time

- 5%**  
 10%  
 15%  
 Others

Please specify \_\_\_\_\_

Please also specify maximum percentage allowed

- 10%  
 15%  
 **20%**  
 Others

Please specify \_\_\_\_\_

g) Subspecialty training is done in

- two centres \_\_\_\_\_  
 **more than two centres within the same cluster**

h) Overseas training required

**Yes**     No

If **done**, what is the minimum duration?

- 3mths  
 **6mths**  
 12mths  
 others:

Please specify \_\_\_\_\_

If yes, please also describe

- (i) setting            **Overseas paediatric pulmonary departments**  
(ii) objectives       **To acquire new techniques, to learn new practices in an international setting**

i) Pre-set curriculum for their elective period

**Yes**     No



### 3.5.2 Assessment of training :

a) Profolio assessment

**Yes**       **No**

If yes, please describe

(i) Oral	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
(ii) Written	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
(iii) Course work	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
(iv) Postgraduate Degree or Certificate	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>
(v) Published papers	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

### 3.6 Institution/Functional Training Unit

3.6.1 Please describe the statistics for EACH Programme :

**We propose a SINGLE programme for the whole of Hong Kong with 2 clusters:**

- 1. The Hong Kong/ New Territories Cluster: QMH, DKCH, PWH, AHNH, PYNEH, TMH**
- 2. The Kowloon Cluster: KWH, QEH, UCH, PMH and CMC**

**The following figures represent a TOTAL of all activities of the 2 CLUSTERS.**

**Figures are taken from the hospital data of the years 2008 and 2009 and presented as average.**

		Comments												
1. Case load per year	<b><u>21267.8</u></b>	<b>Respiratory admissions</b>												
	(new) <b><u>796</u></b> (old) <b><u>17695</u></b>	<b>Outpatient cases</b>												
2. Case profile	<table border="0"> <tr> <td>* Highly Complex</td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;">%</td> </tr> <tr> <td>* Complex</td> <td style="text-align: center;"><b>11</b></td> <td style="text-align: center;">%</td> </tr> <tr> <td>* Intermediate</td> <td style="text-align: center;"><b>28</b></td> <td style="text-align: center;">%</td> </tr> <tr> <td>* Simple</td> <td style="text-align: center;"><b>59</b></td> <td style="text-align: center;">%</td> </tr> </table>	* Highly Complex	<b>3</b>	%	* Complex	<b>11</b>	%	* Intermediate	<b>28</b>	%	* Simple	<b>59</b>	%	<b>Please refer to Document 4 and 4a for caseload definition and analysis</b>
* Highly Complex	<b>3</b>	%												
* Complex	<b>11</b>	%												
* Intermediate	<b>28</b>	%												
* Simple	<b>59</b>	%												
a) No. of specialists working in the programme	<b>29</b>	<b>Including sub-specialists and specialists</b>												
b) % of time working in the subspecialty	<b>51-70%</b>	<b>Varies among hospitals</b>												
3. No. of sub-specialists (FTE) (FTE = at least 35-50% of time working in the sub-specialty)	<b>14.5</b>	<b>Not single handed, best 3-5 subspecialists for cover</b>												
4. Having a structure for centre e.g. Director on service,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> NA													

training or research etc			
5. No. of trainees	<b>6</b>	<b>As at June 2011</b>	
6. No. of supporting staff (Please specify)	e.g. Clinical psychologist	<b>4</b>	<b>The support staff in many hospitals that are not dedicated to PRM at NOT listed here. They are present in most hospitals, shared with other disciplines</b>
	Scientific officer	<b>1</b>	
	<b>Respiratory Therapists</b>	<b>1</b>	
	Research fellows/assistants	<b>3</b>	
	Physiotherapist	<b>3</b>	
7. Structured training programme	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
8. Clinical guidelines/protocols	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>For some diseases</b>	
9. Clinical audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
10. Research projects – No.	<b>20</b>	<b>As at June 2011</b>	

**\* Please define clearly each category for your subspecialty, citing clinical examples and the case mix necessary for a viable programme.**

### 3.7 Supportive Service considered as mandatory to the programme :

								Comments
1. Coordination with other relevant paediatric subspecialties (please specify)								<b>There can be minor variations among hospitals</b>
	Yes	No	NA	emergency	elective	On site	Other location	
e.g. PICU/NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surgical subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic subspecialties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oncology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transplant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)								

2. Special investigatory support								
a. Laboratory								
	Yes	No	NA	emergency	elective	On site	Other location	
Chemical pathology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Histo-pathology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Microbiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Immunology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Others (please specify)								
b. Radiology								
US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Isotope Scan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Others (please specify)								
3. Special therapeutic support								
Radiotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Interventional radiology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total parental nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nutritionist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Clinical psychologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Medical Social workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Allied health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)								
4. Special management modalities (eg Parents support groups ) (Please specify)				<b>Hong Kong Asthma Society</b>				

### 3.8 Proposed requirement of Trainers

a) Number of training staff in a centre recommended:

- 1  
 2-3  
 3-4

>4

Please specify \_\_\_\_\_

b) In possession of the necessary skills in laboratory, special procedure or basic sciences practice

**Yes**       **No**

c) Active in carrying out clinical audit and setting up of management guidelines

**Yes**       **No**

3.9 Proposed educational activities :

	<u>Location</u>	<u>Frequency</u>
Grand round	<b>Individual hospital unit or within cluster</b>	<b>At least quarterly</b>
Journal Club	<b>Individual hospital unit or within cluster</b>	<b>At least quarterly</b>
X-ray/imaging meeting	<b>Individual hospital unit or within cluster</b>	<b>At least quarterly</b>
Audit	<b>Individual hospital unit or within cluster</b>	<b>At least quarterly</b>
* other CME Activities	<b>Clinical meeting of HKSPR</b>	<b>Monthly</b>
	<b>Annual Scientific Meeting of HKSPR</b>	<b>Annually</b>
	<b>Regional or international scientific congresses (CIPP, APAPARI, ERS, ATS...)</b>	<b>Annually</b>

\* (please note that CME activities will be required for recognized subspecialties)

3.10 The field of research available in our subspecialty and existing in HK (please describe in details) :

**Please refer to Document 4 for details.**

3.11 **4** (Number) of candidates are potential programme director(s) for HK (> 50% of time spent on subspecialty) **They are Dr. Daniel NG, Prof. Albert LI, Dr. Shu Yan LAM, and Dr. Wa Keung CHIU.**

3.12 **20** (Number) candidates are potential trainers of the programme. **They are Drs. Theresa LEUNG, Ping LAM, Qun Ui LEE, So Lun LEE, Sergio KOO, Christy Shuk Kuen CHAU, Pok-Yu CHOW, Ka-Li KWOK, Daniel NG, Eric Yat Tung CHAN, Chin Pang WONG, Albert LI, Wai Tai KO, Ting-Yat MIU, Wa Keung CHIU, Lilian LEE, Eligina POON, Simon LAM, Gary Wing King WONG, Kam Lau CHEUNG, Ellis HON, LAM Shu yan, LAU Ka Fai, WONG Tak Wai.**

3.13 We submit in details the curriculum of our subspecialty training programme under the headings of knowledge, skills and attitudes as **Document 2a & 2b** (on describing the training programme, please take reference from the handbook of Guideline on Postgraduate Training & Accreditation published by the College).

4. We propose (a) **Prof. Peter le Souef** of **The University of Western Australia**  
(Institution) in **Australia** (country) and

(b) **Prof. Andrew Colin** of **Miller School of Medicine, University of Miami** (Institution) in **The USA** (country)

to be **REFEREES** of our programme. Their referee letters are attached with this Document. **Please see Document 0a. Letter from Professor le Souef will follow soon.**

On behalf of the core groups of **Paediatric Respiratory Medicine** subspecialty

Co-ordinators of the subspecialty :



**Dr. Alfred TAM**



**Dr. Daniel NG**



**Dr. Shu yan LAM**



**Dr. Wa Keung CHIU**



**Prof. Albert LI**

Contact person **Dr. Alfred TAM**

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(ii) Email [alfredtam@children818.com](mailto:alfredtam@children818.com)

## **Additional Documents**

- Document 1: Paediatric Respiratory Medicine as a New Subspecialty
- Document 1a: Manpower justification**
- Document 2a: Curriculum of Training in Paediatric Respiratory Medicine
- Document 2b: Guideline Document on Training: Duration and Content
- Document 3: Specialist Procedures Required for PRM Subspecialists
- Document 4: Case Profile Definition
- Document 4a: Caseload analysis**
- Document 5: Main Research in PRM Currently Existing in Hong Kong
- Document 6: Guideline on Exit Assessment
- Document 7: Guideline on Accreditation of Training Centres and Clusters
- Document 8: List of Potential Trainers
- Document 9: List of Potential First Fellows
- Document 10: List of Potential Assessors
- Document 11: Proposed Composition of Subspecialty Board
- Document 12: CME/CPD for Fellows in PRM
- Document 13: Training Programmes of Europe for comparison
- Document 14: Training programmes of the United Kingdom and USA for comparison**